EXHIBIT "A"

John H. Hinkle
Albie B. Jachimowicz
Richard P. Pointer
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ATTORNEYS AT LAW

Michael L. Horner
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John Alvarez
Amy Carlson
Richard A. Wingerden
Jacquetta M. Lannan
Erik S. Johnson

December 13, 2007

Emilee Cass
1260 N. Bascom Ave.
Apt. #5
San Jose, CA 95128

Re: *Emilee Cass v. Starbucks*

Dear Cass:

I hope you are doing well. I received a list of people Starbucks thinks they may call as witnesses. I need your input on which ones I should depose. Ruth Perez, Linh Doan, Tiffany George, Prabha Pacey and Mark Pichel.

I also tried calling the two numbers I have listed for you, however they are not in service. Please update me on your phone numbers. Thank you and again, I hope you and baby are doing well.

Very truly yours,

AMY CARLSON

AC

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November 6, 2007

Emilee Cass
1260 N Bascom Ave
San Jose, CA 95128

Re: Cass v. Starbucks
Case No.: CISCV157104JW

Dear Ms. Cass:
Please sign and return the enclosed Authorization to Use or Release Protected Health Information to our office in the enclosed self addressed, stamped envelope.

If you have any questions, do not hesitate to contact me.

Sincerely,

Marlyne Mack

MARLYNE MACK
Legal Assistant

/mm
Enclosures

AUTHORIZATION TO USE OR RELEASE PROTECTED HEALTH INFORMATION

FOR THE RECIPIENT OF THE INFORMATION:

If any of the requested records contain information regarding alcohol or drug abuse treatment, it is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the use or release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

NOTE: California Law also prohibits further disclosure of medical information, including alcohol or drug abuse treatment records and medical and/or mental health records, unless further use or disclosure is expressly permitted by obtaining a new written authorization for release of information from the person to whom the information pertains.

I hereby authorize: **Hector Medina M.D.**
Mountain View Center
701 E. El Camino Real
Mountain View, CA 94040
(650) 934-7616

To use or release health information and records obtained during the course of treatment of:

Patient Name: **Emilee Cass** Date of Birth: _____

Address: _____ Patient/Requestor's Phone: _____

_____ Social Security No.: _____

1. The information is to be used or disclosed to the following persons or organizations:

Person/Entity Name: Perkins Coie LLP on behalf of Starbucks Corporation Phone: (415) 344-7000
Address: Four Embarcadero Center, Suite 2400, San Francisco, CA 94111-4131

2. Purpose: Response to Deposition Subpoena issued in *Cass v. Starbucks Corp.* (Case No. C07 03549 JW).

3. The information to be used or disclosed includes only those items checked below, with respect to services provided on or around (insert dates of service): all dates of treatment.

I understand that this authorization extends to all of the records/information designated below, which may include treatment for physical and mental illness. The information to be used or released includes:

XX **All Medical Records from January 2006 to the Present**

This authorization is limited to only that information that I have requested above to be used or disclosed to the persons/facilities named herein. I hereby release **Hector Medina, M.D.**, from all legal responsibilities or liability that may arise from the use or disclosure of medical records and other health information in reliance on this authorization.

1. **Expiration**: I understand that unless I revoke the authorization earlier, this authorization will automatically expire 180 days from the date this authorization is signed.

2. **Re-disclosure**: I understand that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be used or redisclosed by the receiving party.

3. **Certification**: I certify that I am the patient.

4. **Copy**: I understand that I will receive a copy of this authorization.

_____ _____
(Patient Signature) (Date)